

HOSPITAL CORPSMAN SKILLS BASIC (HMSB)

Performance Check List (PCL)

Clinical Skill: **Patient Assessment Part 1- Trauma**

Circle One: **Initial Evaluation** Re-Evaluation

Command:



Member's Name: _____

Date: _____

Rank: _____

Objective:

- Perform a rapid trauma assessment on a **High Priority** patient.
- Perform an assessment of a trauma patient to include vital signs.

Safety Guidelines:

- Members will follow universal precautions and wear proper PPE.
- Ensure a 1:1 Evaluator/member ratio

Evaluator Assistance: No more than three (3) evaluator assists are allowed. *Note: Evaluator Assist: Any assistance provided by the evaluator during the skill demonstration whether verbally or physically, which aids the member in the successful completion of the skill or the parts of the skill identified by the objective*

Performance Standard:

- All skills will be graded either **PASS/FAIL**. Member must complete at least **80%** of all parts with **no critical items (*) missed**. Failure to successfully complete a critical item (*) will result in a failure of the skill and remediation will be required.

Condition: Groups of two (2) Members.

Equipment:

- Stethoscope
- Sphygmomanometer
- Pen Light
- Watch

| SCENE SIZE-UP | PASS | FAIL |
|---|------|------|
| 1. *Takes or verbalizes appropriate body substance isolation precautions | | |
| 2. *Determines the scene/situation is safe | | |
| 3. Determines the mechanism of injury/nature of illness | | |
| 4. Determines the number of patients | | |
| 5. Request additional assistance if necessary | | |
| 6. *Considers stabilization of the spine | | |
| PRIMARY SURVEY/ RESUSCITATION | PASS | FAIL |
| 1. Verbalizes general impression of the patient | | |
| 2. Determines responsiveness/level of consciousness. | | |
| 3. *Determines chief complaint and apparent life threats | | |
| AIRWAY | PASS | FAIL |
| 4. Opens and assesses airway -Inserts adjunct as indicated | | |
| BREATHING | PASS | FAIL |
| 5. Assesses breathing -Assures adequate ventilation -Initiates appropriate oxygen therapy -Treat any injury which may compromise breathing/ventilation | | |
| CIRCULATION | PASS | FAIL |

| | | |
|---|-------------|-------------|
| 6. *Checks pulse -Assesses skin [either skin color, temperature or condition] *Perform quick head-to- toe blood sweep and treat major bleeding if discovered. | | |
| 7. Initiates shock management [positions patient properly, conserves body heat] | | |
| 8. Identifies patient priority and makes treatment/ transport decision | | |
| HISTORY TAKING | Pass | Fail |
| *Attempts to obtain SAMPLE history | | |
| SECONDARY ASSESSMENT | Pass | Fail |
| 1. *Head -Inspects mouth, nose and assesses facial area -Inspects and palpates scalp and ears -Assesses eyes | | |
| 2. *Neck -Checks position of trachea -Checks jugular veins -Palpates cervical spine | | |
| 3. *Chest -Inspects chest -Palpates chest -Auscultates chest | | |
| 4. *Abdomen/pelvis -Inspects and palpates abdomen -Assesses pelvic area -Verbalizes assessment of genitalia/perineum as needed | | |
| 5. Lower extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions | | |
| 6. Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions | | |
| 7. Posterior thorax, lumbar and buttocks -Inspects and palpates posterior thorax, lumbar and buttocks areas | | |
| VITAL SIGNS | Pass | Fail |
| 8. *Obtain baseline vital signs [must include BP, P, R] | | |
| 9. Manages secondary injuries and wounds appropriately | | |
| REASSESSMENT & TRANSPORT | Pass | Fail |
| 10. Reassess all interventions and any changes in patient status | | |
| 11. Provide verbal report | | |

Print and sign below:

Evaluator: _____ Date: _____

Member: _____ Date: _____

| | |
|-----------------------------------|---------------------------------|
| Member Passed: ____/26 | Calculated %: |
| Circle: PASS / FAIL | Evaluators Initials: |

Comments:

HOSPITAL CORPSMAN SKILLS BASIC (HMSB)

Performance Check List (PCL)

Clinical Skill: **Patient Assessment Part 2- Medical**

Circle One: **Initial Evaluation** **Re-Evaluation**

Command: _____



Member's Name: _____

Date: _____

Rank: _____

Objective:

- Perform an assessment of a **Responsive** medical patient to include detailed history, vital signs, and physical exam.

Safety Guidelines:

- Members will follow universal precautions and wear proper PPE.
- Ensure a 1:1 Evaluator/member ratio.

Evaluator Assistance: No more than three (3) evaluator assists are allowed. *Note: Evaluator Assist: Any assistance provided by the evaluator during the skill demonstration whether verbally or physically, which aids the member in the successful completion of the skill or the parts of the skill identified by the objective*

Performance Standard:

- All skills will be graded either **PASS/FAIL**. Member must complete **80%** all parts with **no critical items (*) missed**. Failure to successfully complete a critical item (*) will result in a failure of the skill and remediation will be required.

Condition: Group of two (2) members.

Equipment:

- Stethoscope
- Sphygmomanometer
- Pen Light
- Watch

| SCENE SIZE-UP | PASS | FAIL |
|--|------|------|
| 1. *Takes or verbalizes appropriate body substance isolation precautions | | |
| 2. *Determines the scene/situation is safe | | |
| 3. Determines the mechanism of injury/nature of illness | | |
| 4. Determines the number of patients | | |
| 5. Requests additional assistance if necessary | | |
| 6. *Considers stabilization of the spine | | |
| PRIMARY SURVEY/RESUSCITATION | PASS | FAIL |
| 7. Verbalizes the general impression of the patient | | |
| 8. *Determines responsiveness/level of consciousness (AVPU) | | |
| 9. *Determines chief complaint/apparent life-threats | | |
| 10. Airway & breathing -Assesses breathing -Ensures adequate ventilation -Initiates appropriate oxygen therapy | | |
| 11. Circulation -Assesses/controls major bleeding -*Checks pulse -Assesses skin [color, temperature, condition] | | |
| 12. Identifies patient priority and makes treatment/transport decision | | |
| HISTORY TAKING | PASS | FAIL |
| 13. * History of the present illness (OPQRST) - Onset - Quality - Severity | | |

| | | |
|--|-------------|-------------|
| - Provocation - Radiation - Time | | |
| 14. *Allergies | | |
| 15. *Medications | | |
| 16. *Past pertinent medical history | | |
| 17. Last oral intake | | |
| 18. Events leading to present illness | | |
| SECONDARY ASSESSMENT | PASS | FAIL |
| 19. *Neurological -Check peripheral sensation and movement -Check extremity strength -Check PERRL -Obtain history of neurological conditions | | |
| 20. *Cardiovascular - Pulse check -Look for JVD -Auscultate heart -Note complaints of chest pain -Obtain history of cardiac conditions | | |
| 21. *Pulmonary - Auscultate lung sounds -Observe chest wall motion -Obtain history of respiratory conditions | | |
| 22. *Gastrointestinal and Genitourinary -Inspect, palpate and auscultate the abdomen -Check for excretion -Obtain history of gastrointestinal or genitourinary conditions | | |
| 23. *Musculoskeletal -Inspect and palpate -Check for crepitation -Note any deformity or asymmetry -Obtain history of musculoskeletal conditions | | |
| 24. Integumentary -Inspect -Obtain history of any Integumentary conditions | | |
| 25. Psychological/Social -Obtain history of any psychological conditions | | |
| VITAL SIGNS | PASS | FAIL |
| 26. *Vital signs [must include BP, P, R] | | |
| 27. *States field impression of patient | | |
| REASSESSMENT & TRANSPORT | PASS | FAIL |
| 28. Reassess all interventions and any changes in patient status | | |
| 29. Provide verbal report | | |

Print and sign below:

Evaluator: _____ **Date:** _____

Member: _____ **Date:** _____

| | |
|-------------------------------|-----------------------------|
| Member Passed: ____/29 | Calculated %: |
| Circle: PASS / FAIL | Evaluators Initials: |

Patient Assessment Part 1 & 2:

| | |
|-------------------------------|-----------------------------|
| Member Passed: ____/55 | Calculated %: |
| Circle: PASS / FAIL | Evaluators Initials: |